

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>02/17/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
		<i>60874</i>	<i>11-54</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 +- ..... Restricted      O ..... Objected

Claim		Date	
Final	Original		
1	✓		
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Claim		Date	
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If more than 150 claims or 10 actions  
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